Phil Wolfson will also host a live virtual discussion on this topic for the psychedelic community. Details to follow.

Utopian Proposal for the Psychedelic Community

An invitation for the creation of justice, fairness and connection

Phil Wolfson MD

That I knew everyone in Will Hall's collection/selection of admitted, convicted and accused perpetrators came as no surprise to me and Kylea Taylor's response to the Center for Consciousness Medicine community. It is always disturbing and disappointing to have new accusations that appear to be of substance about fundamental breaches of ethical conduct, especially when it is towards those who have been trusted and attained stature and reputation. It is a disruption to the field and all that we espouse and work so hard to attain. It hurts both personally and in the damage to our relationships.

I have been part of this psychedelic entirely voluntary non-community for over fifty years. To dub us and this as a real community would be far-fetched. Indeed there are real communities within the realm of those who call themselves psychedelic practitioners and they operate with boundaries, membership and rules—the essential qualities for being a community. But for the most part, folks come and go, communicate and help each other—or not. Hence the problem of creating a community of conscience that functions with applicable ethics that carries persuasion, discouragement from violations, remedies to prevent violations, a mechanism for exposure, penalties for violations, fair hearings, and redemptive processes for those who have the will to be responsible for themselves and to those who are victims of their actions: in other words, an extra-judicial, or pre-judicial communitarian organization—utopian—and desirable as so many utopias are.

Having a historic view as per my invidious designation as a ‘psychedelic elder’, I have watched the mores, proprieties and tolerances change. In the early ‘70s I was deep into the Laingian ethos and happily hosted the anti-psychiatrist David Cooper –*Psychiatry and Anti-psychiatry*–his seminal work of 1971 (I am still devoted to this perspective but not as per the forthcoming explication) in my DC home. He sat for hours imperiously thundering, half-naked on my dining room floor, fully besotted as he was continuously, cursing at my young feminist wife. Yet being foolishly in adolescent awe of him, I made the mistake of presenting a case to him—a young woman who was deeply troubled. His answer was bellowed quickly ‘You must fuck her’! That gross offense, his abuse, his spittle all over the furniture and his constant demands for service got him immediately ejected—and in my dejection at the loss of yet another hero, I was elated to be rid of him.

There is a bit more to the story which I relate for your amusement. In 1978, we held the second and last Anti-Psychiatry Conference in Cuernavaca at the extraordinary no-longer Casino de la Selva. Hundreds were in attendance from all over the world, and of note, refugee psychiatrists and therapists from the fascist coup d’états in Argentina, Uruguay, and Chile. Manifestos were flowing from copy machines and the atmosphere was electric with revolutionary sentiment. It was past lunch when Cooper appeared in his completely black coroners outfit, totally wasted, and proceeded to fall into the deep end of the swimming pool and sink like a stone. I jumped in and hauled his bubbling, stinking self to the edge and he was helped to dry out—but only in the wet sense. As you might surmise, this near-drowning of the principal speaker and author of the seminal work inspiring the conference created quite a stir. In the auditorium—a split occurred. Half of us condemned his alcoholism, feared for his life and mind and could not tolerate any more of his incoherent and often abusive prattle. And half of the group defended him as a seeker, on the experiential road of the search for truth and revolution through drunken debauchery. It had a certain ring of the missionary equivalency to John Lilly’s ketamine addiction rationalization. It turned into a hot and indecisive debate. Later, I delivered a very heavy-duty speech and as is the wonderful custom in Mexico, the proceedings were published in Spanish. Cooper disappeared into Latin America and continued his alcoholism, alienation and despondency dying much alone in 1986.

I tell this as a story evocative of the times. Sex between patients and therapists was rampant. There were books written on the subject promoting it. The sexual revolution was going full steam. There was a line among some male therapists including the venerable Jungian John Perry that the penis was a healing appendage and intimacy with patients was curative when delivered by a superbly intuitive therapist attuned to the energy of love and its application. Of course, this was a bare cover for lust and dominance and many young women fell prey while paying him and others for their ministrations. In truth, John was quite a remarkable fellow with many great and good aspects. But he had what we came to call a 'superego lacuna' when it came to young and especially blond patients. John was exposed, the San Francisco Jungian community was devastated, he lost his license, yet tried to carry on. He had to give up public talks as he was pursued and outed by one in particular of his molested patients. By coincidence, I was consulting to his malpractice carrier when his case came up with multiple complainants and I had to recuse myself. He lost of course, and this became part of the decision-making process by malpractice carriers not to cover the too frequent and costly sexual misconducts. John did a great deal of damage, and I was among several therapists who saw his patients and helped to restore trust enabling the continuation of self-exploration and renewal he had so grievously disrupted. He was not alone.

It is interesting to observe and analyze this colossal disruption of reputation to accomplished and public therapy figures. Yes, they are overwhelmingly male so that accounts for part of this as predation—this is predatory behavior in which the hypnotic bewitching of the patient is in reality seduction. And there is a stupendous misjudgment of the risk of exposure that clearly is a narcissistic delusion. You work hard delivering help to the stricken, you write, books, deliver lectures on theory and practice become a public figure like Ingrasci, or Perry, etc., and give in to the basest impulses that all your training and moralistic parading about says "No, don't do it!" And you are ruined, defrocked, stigmatized, sued, and it is the end of your career. You have stepped in a pile of dog shit, and you have taken advantage of dependent hurt humans who are honoring you by trusting you and paying for your wisdom and compassion. You may go so far as to feel you are in love and loved and act that out, not accounting for the special circumstances of the therapy crucible.

And it happens often at the end of careers when the laurels are around your

neck, and you could celebrate yourself and your accomplishments. You are old like Yensen, who was my close friend—alas for our loss; or Paul Lowinger who was the great socialist psychotherapist father figure and made the front page for giving drugs to hookers in exchange for sex, caught in a sting operation—and off to jail in his mid-seventies. How about the so-called celebrity psychiatrist Keith Ablow who used ketamine in his practice as part of his multiple crimes against women—and against us. For his rapacious criminality taints the practice that so many of us are bringing into the world morally and as life-changing. Gross rapacious predation. No hiding behind love. Just ripping women off who mistakenly trust you and the paraphernalia created for enticement. At some point calculated.

I googled sexual abuse and ketamine cases—found a soul-breaking number of practitioners and victims, ketamine as one of the date rape drugs—look also at GHB. Then I went to Google: MDs and sexual abuse in general— and here is one review of 101 cases and its findings:

> *Most cases involved a combination of five factors: male physicians (100%), older than the age of 39 (92%), who were not board certified (70%), practicing in nonacademic settings (94%) where they always examined patients alone (85%). Only three factors (suspected antisocial personality, physician board certification, and vulnerable patients) differed significantly across the different kinds of sexual abuse: personality disorders were suspected most frequently in cases of rape, physicians were more frequently board certified in cases of consensual sex with patients, and patients were more commonly vulnerable in cases of child molestation.* (Dubois JM et al.2017. Criminology and Criminal Justice).

To be clear, as can readily be perceived, sexual violence is certainly not confined to psychedelic practitioners, nor is it just MDs, DOs, and licensed practitioners. But we of the psychedelic stamp are advocating a new way, a moral and ethical stance with altered states that increase our patients' vulnerability—and ours. Rupture of our position hurts our authenticity and gives ammo to those who are against our attempt to change the way we are with humans who suffer or wish to enlighten themselves. There are those of us who fully embrace this process, those who are dabbling and in it for remuneration, those who use it for position and privilege, and those who are ignorant and riding the wave. Indeed, there are many motivations and formats for

psychedelic applications.

There are riddles in all of this, as well as cautionaries. With time there are now harsh and deserved penalties—for those who are licensed and above ground. There is a clear legal penalty that one is entirely aware of. Yet often, that is not enough of a deterrent. A psychologist came to me as he was about to go to jail on a two-year sentence, ruined in life, marriage and career. At the conclusion of the malpractice hearing at which John Perry's case was heard, I was taken aside in a hush-hush manner by the woman coordinator who whispered that the head of the malpractice hearing—a distinguished San Diego psychiatrist noted for his impeccable morality—had a serious complaint against him in process. I reviewed and gave counsel. The remarkable aspect was that the woman patient with whom he had become intimate was a trial attorney—as was her husband. What would entice you to put your head in that lion's mouth? Yes, he was divorced and lonely. Still…

And there are women involved, rarely as full predators, though that has happened too. But usually, as consensual players to their husbands perfidies of which they are aware, or in denial, or too afraid to squeal or leave, or compromised by the material benefits of the relationship, or using that near meaningless word 'co-dependent'– seduced by their men as their men have seduced their patients, or rationalizing in various ways in full awareness their sisters are being victimized. To be clear, men are the overwhelming perpetrators.

Therapy whether conventional or psychedelic brings people into close contact. Many of us come to have real feelings of love for our patients—and they for us. We are sexual beings and sexual feelings are part of the experience and need to be put aside by therapists and not acted upon. Acknowledgment of attraction is often an important part of therapy but confined to the patient. 'I recognize you as an attractive human being' is a good thing for a therapist to offer giving an affirmation to the patient, not as a sexual comment but as support for the perceived quality of their being. Recognizing in the other their qualities and aiding them in recognizing them for themselves is an essential aspect of therapeutic work, and that is where it stops. More courts confusion and acting out. Therapist titillation indicates time to transfer the patient as the minimum action. Not only is it risky business to continue but it ruins the

objectivity necessary for great good work to occur.

It is specious to be naïve about our encounters. Throughout the history of this strange and meandering manner of encountering fellow humans, there has been love, affection, sexuality, and marriages. This can no longer occur. We have come to recognize the power relationship in psychotherapy and as it truly is a violation of trust and building trust which is the essential loss or the missing aspect of people's lives—the essence of trauma. The prohibition is for us as therapists not to have our needs put on our patients: sexual, financial, for ego, for any gain. It ruins the deal we make to be for others with our rewards in taking care of ourselves by fees, and the great opportunity therapy offers to know ourselves and others. That needs to be enough!

And all too often it isn't—as per this allegation and many other encounters with violations of therapeutic boundaries. For those with licenses, there are bodies to whom to make complaints, processes for investigations and a set of penalties. Of course, this varies by State in terms of each aspect. Nor should there be an underestimation of the difficulty for a victim to bring a complaint against a therapist. It involves exposure of one's private issues, defense against the perpetrator's response directly and by their attorney, cross-examination, stigmatization and not the least the difficulty often experienced of turning against the person one had trusted with their safety and for their compassion. There may be a harsh reversal of 'I thought he loved me', this occurring for perhaps the first time in a patient's life. And it all drags on and on. And the patient needs support, another therapist, a lawyer, and anger and guts to get through it. Not so easy. And this is in the realm of the licensed practitioner.

What about the vast flotilla of licensed and unlicensed folks practicing underground with psychedelic medicines that are still illegal, will be illegal barring broad legalization, and/or without the ability to prescribe legally without a license? There are no rules and no safeguards. A patient, or client, or recipient —however they might be characterized—has no recourse save to opt for a civil suit, or to file a criminal complaint. It is a situation of 'my word versus their word' and all words are fraught with legal consequences from slander on the accused part, to providing proof of commission on the victim's part. Lives tend to be ruined by innuendo and accusation, or the unrepentant, irresponsible stance of the perpetrator. Rarely is there an admission on either side. And all

gets couched towards our omnipresent ready to pounce colossally inflated legal opportunistic maw—ready to feed and be fed. Justice and fairness seem really remote concepts in these machinations and the human need for truth, admission, responsibility and amends really aren't there. *There ain't no satisfaction.*

We had this incident in British Columbia which brought out a bit of an alternative. Yensen—unlicensed—and Dryer—a licensed MD—had committed a serious transgression with multiple aspects to it with a patient they had treated in the MAPS MDMA study. Blatant in their mistreatment of the patient and threatening to the integrity of the MAPS program itself—knowing this fully and prevaricating–and what was worse blaming the patient as the seductress. So disappointing to those who loved them and admired their skills and presence and now with an arrogance that was too in our face to do anything but prevent their ascension from the ashes. They were planning to do a resumption of their ketamine training program—publicly announced to occur. Outrageous. They were still in the investigation and litigation phases by multiple agencies with the patient complaint public and documenting too much, if even a quarter of it were true. Some of us knew it was far greater than 25% and when we became aware of their violation had strenuously advised them to stop and transfer her care—to no response (This is not new exposure. It has all been aired and continues).

Spontaneously, we formed a community committee and as a group issued them a warning and developed an ethical statement. It took a lot of effort and negotiations between us as to the path and the nature of the statement which was issued, in essence, as a public manifesto. We put together a code for ethical behavior for any practitioner—underground or overground. We made it public so that those contemplating attending the Yensen/Dryer training were warned off. They withdrew. We disseminated it as a matter of commitment to an ethical and communitarian way of conducting psychedelic practices—and practices in general. It was groundbreaking and was felt as an affirmation of our community responsibility.

MAPS had a different level of responsibility and vulnerability. They advised all of their practitioners of the transgression and issued an important and thorough Code of Ethics, advised by lawyers, and a thorough and powerful statement

regarding our conduct as practitioners. It remains the gold standard. For the specifics of our KAP work with its particularities, it has been modified—but not changed in essence.

These are valuable guides for our behavior as therapists, and entirely voluntary for adherence. There is no ability to police, investigate, have hearings, have a productive intervention with both sides, come to a resolution, make amends, act responsibly, face penalties, involve the community at large, recover reputations if the accusations lack merit—for all is grist for the legal system whose mills grind slowly and exceedingly coarse.

I am writing this because as a fomenter of forms of social justice and community, however utopian this seems in a time of ever-increasing gross injustice, I would like to see something very different occur—an extrajudicial process that creates in essence a people's court empowered to hear both sides and to create within a dome of justice and fairness the operation of the predomination of the principles of truth, honesty, responsibility and just penalties as determined by a jury of peers.

There are many problems in creating and achieving a people's institution of this sort. All admissions would have to be devoid of being used for gain in the legal system. All adherence would be voluntary and there would have to be an agreement to abide by the decisions of the people's jury. There would have to be oversight for fairness and against prejudice in the proceedings. An agreement on rules and processes would have to be produced. Perhaps there could be a form of binding arbitration.

There are risks to creating this and bigger risks to not doing so. These include stigmatization without remedy, no real interaction between the parties, no sense of finality, responsibility or apology—hence no rectification of broken trust. Civil penalties revolve around dollars. There is no path for rehabilitation or amends. Burning Man is a brief community that creates its own rules and it functions without money and in ecological consciousness. It is an incomplete but alluring teacher of what is possible voluntarily by agreement.

I look forward to how we can come together to create a new-age form for handling what cannot be handled by old and corrupt mechanisms. The underground will only grow larger and less coherent with the financial costs of

the new legalizations as they occur being so expensive. Do we, can we, create a participant community of practitioners who voluntarily agree to an adherence to ethical conduct and build a refuge for support and consultation?

It would give me great pleasure to have this little piece generate a conversation amongst us and lead to new ideas for achieving our own approach to justice and fairness with lovingkindness and firmness both inspiring us. If we are truly committed to an alternative way of healing suffering, we also need to handle any suffering we may create.

This piece will be open for comments and discussion on Tuesday, October 19th. Phil Wolfson will also host a live virtual discussion on this topic for the psychedelic community. Join the KRF mailing list to be notified of a date and sign-up information.

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